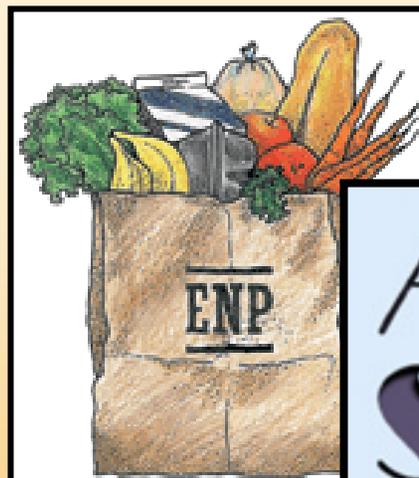




Providing Nutrition Education to High-Nutritional Risk Seniors

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Aging & Adult Services

- 🍎 Area Agencies develop, coordinate and administer community-based services to maximize independence and quality of life for people 60 and older.



- 🍎 Services provided include: adult protection, legal aide, in-home services like bath aide, respite, home delivered meals, etc.



Aging & Adult Services

- 🍎 Case Management program assists elderly and disabled adults in obtaining services needed to maintain their maximum level of health, safety and independence while remaining in their homes.
- 🍎 Case managers provide yearly home visits evaluating needs of participants - home delivered meals, homemaker services, respite services, etc.



Aging & Adult Services

- 🍎 1996 US Department of Health and Human Services Administration on Aging started to require state agencies to report the number of people receiving services that are found to be high-nutritional risk.



Nutritional Risk Assessment

- 🍎 Data collection tool:
 - 🍎 Nutritional Risk Assessment
- 🍎 Developed jointly by:
 - 🍎 American Academy of Family Physicians,
 - 🍎 American Dietetic Association,
 - 🍎 National Council on Aging

The Warning Signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.

DETERMINE YOUR NUTRITIONAL HEALTH

Read the statements below. Circle the number in the yes column for those that apply to you or someone you know. For each yes answer, score the number in the box. Total your nutritional score.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables, or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

Total Your Nutritional Score. If it's —

0-2 Good! Recheck your nutritional score in 6 months.

3-5 You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.

These materials developed and distributed by the Nutrition Screening Initiative, a project of:

- AMERICAN ACADEMY OF FAMILY PHYSICIANS
- THE AMERICAN DIETETIC ASSOCIATION
- NATIONAL COUNCIL ON THE AGING, INC.



Nutritional Risk Assessment

- 🍎 has an illness or condition that makes them change the kind and/or amount of food they eat
- 🍎 eats less than 2 meals per day
- 🍎 eats few fruits, vegetables, and dairy products
- 🍎 has tooth or mouth problems that make it hard to chew and swallow
- 🍎 drinks 3 or more alcoholic beverages almost everyday



Nutritional Risk Assessment

- 🍎 can't afford to pay their bills and buy the food they eat
- 🍎 eats alone most of the time
- 🍎 takes 3 or more prescribed or over-the-counter drugs a day
- 🍎 has lost or gained 10 pounds in the last six months, without warning
- 🍎 is not physically able to shop, cook, and/or feed themselves



Nutritional Risk Assessment

- 🍎 Client is at high nutritional risk with a score of 6 or more
- 🍎 Each question is weighted differently
- 🍎 Client needs to ask for help to improve nutritional health
- 🍎 AAS: limited resources to provide assistance



Statistics of High Nutritional Risk

- 🍎 lead to lost weight and strength
- 🍎 lessened immunity to disease, confusion, disorientation
- 🍎 exacerbates frailty and debilitation causing more time and energy spent on care giving



Statistics of High Nutritional Risk

- 🍎 make more visits to physicians, hospitals, and emergency rooms
- 🍎 have longer hospital stays and are admitted to hospitals more frequently



Needs Assessment In North Idaho



🍎 Needs assessment data collected by AAS in 2002 found:

349 seniors at high nutritional risk in the Panhandle area of Idaho

(46% of AAS clients)



Preventative Health Agreement

Funding would be made available to an outside contractor who could provide:

- 🍎 a minimum of 6 in-home counseling visits by trained personnel under the direct supervision of a registered dietitian
- 🍎 to intervene in the high-risk areas identified by the “Nutritional Risk Assessment”

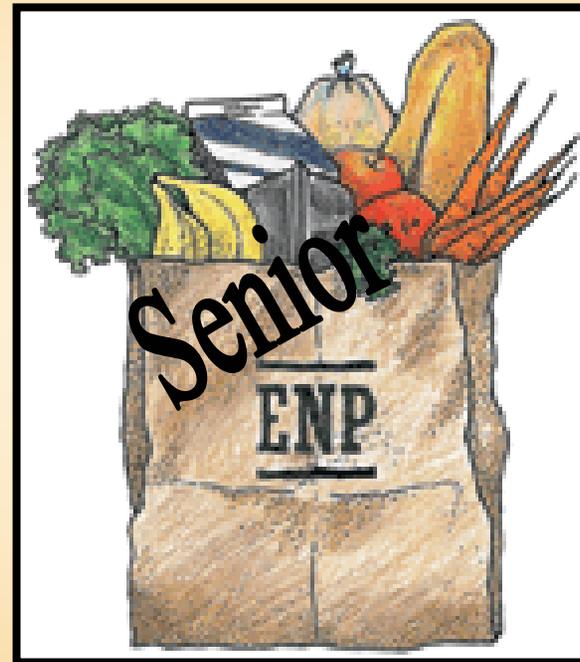


Preventative Health Agreement

- 🍎 Topics to be addressed through education:
 - 🍎 Preparing quick, low-cost, nutritious meals and snacks
 - 🍎 The importance of all food groups
 - 🍎 Managing their budget so they have enough to buy the food they need
 - 🍎 Making eating alone a more pleasant experience
 - 🍎 Food safety
 - 🍎 Referrals to supplemental food programs like food stamps, community food banks, senior center nutrition programs



An Exciting New Partnership



September 2002



Senior ENP Proposal

Senior ENP will provide AAS clientele with nutrition, food safety, and food resource management education tailored to suit the unique needs of seniors living in their homes, using FSNE paraprofessionals to provide the education.

- 🍅 the Food Guide Pyramid
- 🍅 the importance of a healthy diet for long-term health
- 🍅 how to prepare quick, low-cost and nutritious meals
- 🍅 how to read food labels and choose low-fat, low-sodium foods



Senior ENP Proposal

- 🍎 the health benefits of eating fruits, vegetables, and whole-grain foods
- 🍎 medications/health conditions that affect appetite
- 🍎 implications of sudden weight gain or loss
- 🍎 how to make eating alone a pleasant experience
- 🍎 food safety
- 🍎 Food Stamp application process streamlined



Contract Awarded

- 🍎 September 2002, (3rd yr of operation)
- 🍎 AAS using Health Promotion Funds, federal/non-matching funds
- 🍎 direct referral made to our office – Client Registration Form
- 🍎 SENP charges per home visit



Evaluation Tool Design

- 🍎 Nutritional Risk Assessment survey helped guide the questions
- 🍎 *Designing Effective Survey Methods for Frail Elders*, August 2001 research, University of Maryland Center on Aging helped guide the format
- 🍎 Retrospective Pre-Survey format
- 🍎 Success stories



SENP Profile Data

- 🍎 Participants: 109
- 🍎 Gender: 79 w/ 32 m
- 🍎 Average age: 75 years
- 🍎 Live alone: 61% (68)
- 🍎 Grad. HS/college: 74% (82)



SENP Profile Data

- 🍎 Average monthly income: \$ 1114.04
- 🍎 Money spent on food/month: \$ 143.75

- 🍎 Living at 130% poverty: 60% (67)
- 🍎 Living at 185% poverty: 82% (91)
- 🍎 Receiving food stamps: 9% (10)



SENP Profile Data

🍎 Lessons taught:	686
🍎 Graduated from SENP:	47
🍎 Currently enrolled:	34
🍎 Dropped:	
🍎 Lost interest:	7
🍎 Moved:	6
🍎 Nursing home:	6
🍎 Past away:	1
🍎 Family care:	8

(Total: 28)



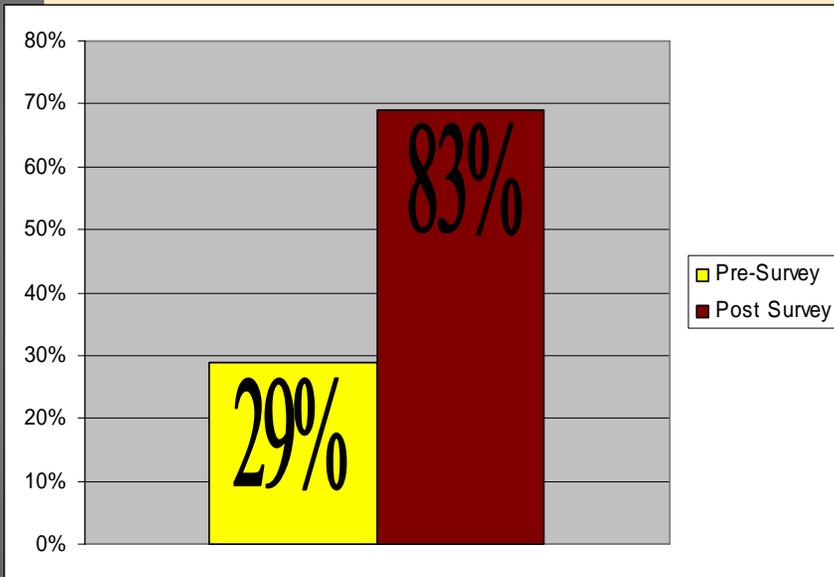
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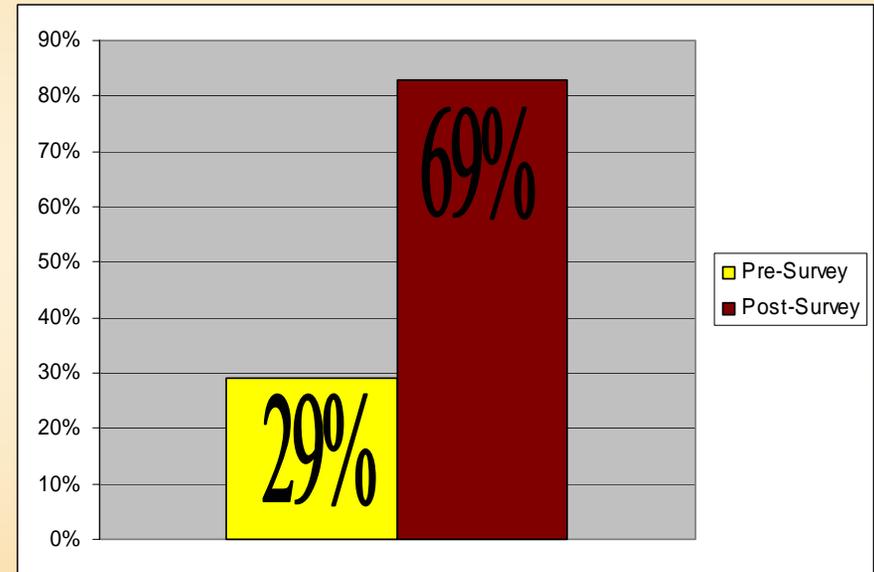
University of Idaho
Extension



SENP Impact



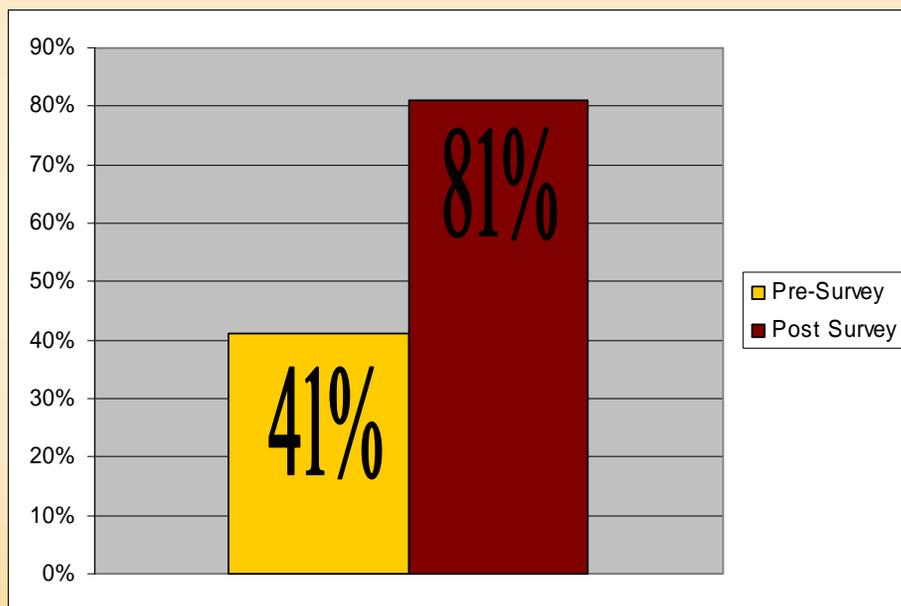
Participants eating 2 or more servings of fruit per day



Participants eating 3 or more servings of vegetables per day



SENP Impact



**Participants eating 3 servings of
milk, yogurt, cheese, or other
calcium rich foods per day**



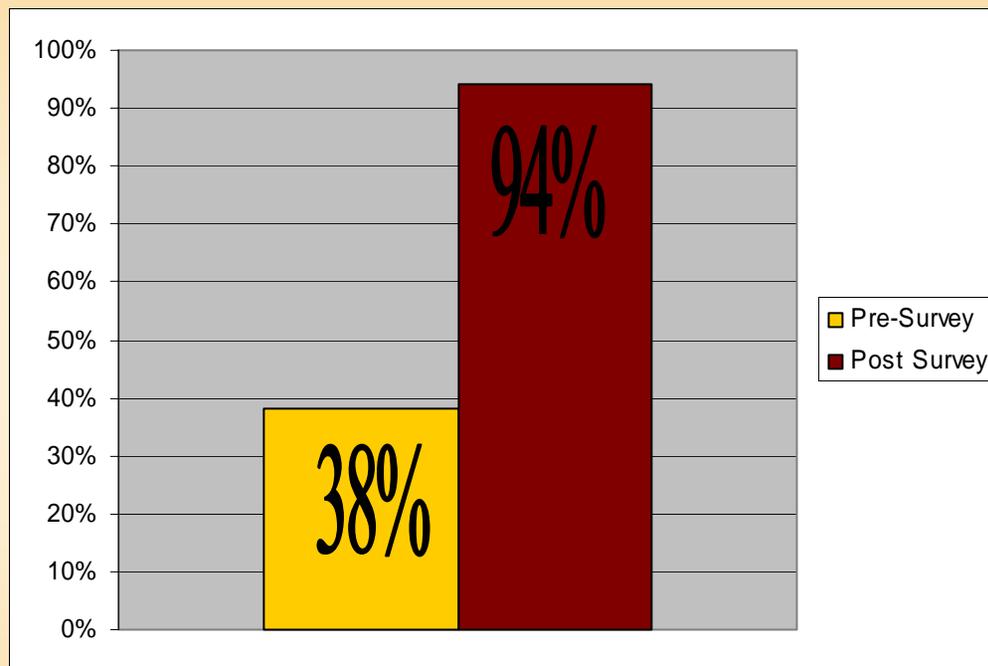
SENP Impact

🍎 Participant eating frequency:

🍎 1 time	Pre: 0%	Post: 0%
🍎 2 times	Pre: 6%	Post: 2%
🍎 3 times	Pre: 47%	Post: 33%
🍎 4 times	Pre: 29%	Post: 43%
🍎 5 or more	Pre: 18%	Post: 21%



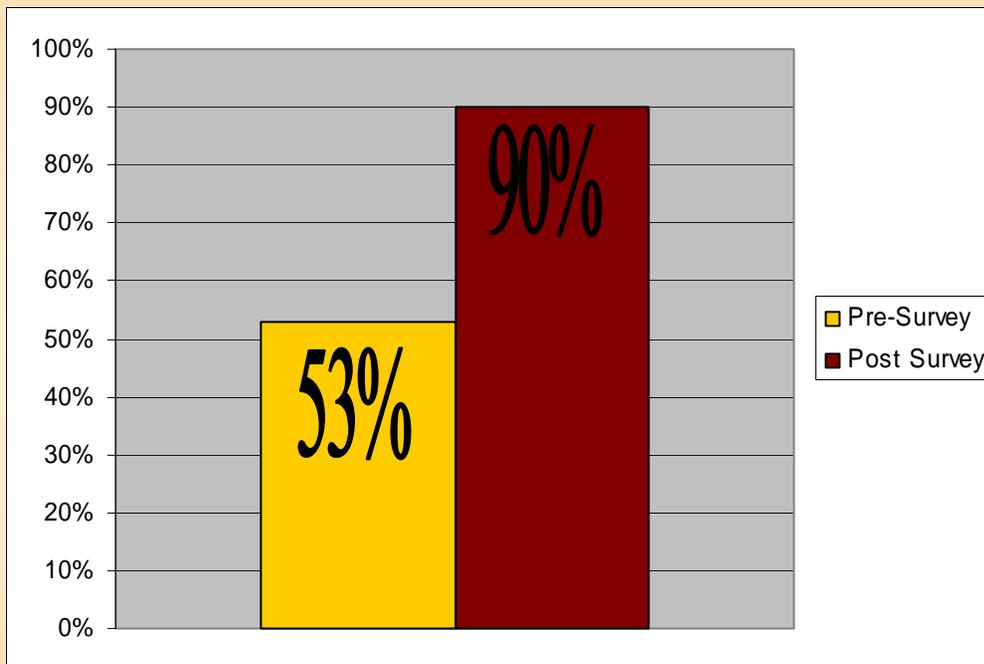
SENP Impact



**Participants who understand how to use
food to better manage their health**



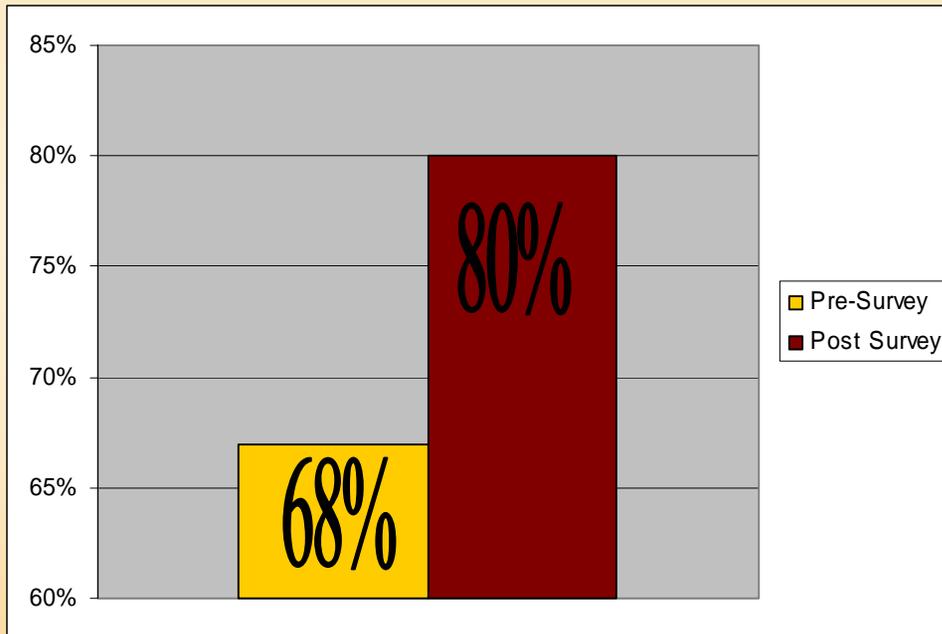
SENP Impact



Participants who do not thaw meat at room temperature



SENP Impact



Participants who prepare food to make the easier to chew and swallow



The Future

- 🍎 Interviews currently being conducted with high-nutritional risk seniors participating in SENP
 - 🍎 barriers and supports
- 🍎 Development of a curriculum targeting high nutritional risk homebound seniors, UI funding



The Future

- 🍎 Expansion of SENP into Area 2, Agency on Aging
- 🍎 Receiving national award from the American Society on Aging/Pfizer Medical for *Innovation in Healthcare*



Questions?

